

**SHILOH CHRISTIAN SCHOOL ADMISSIONS APPLICATION**  
**FOR INTERNATIONAL STUDENT**

Note: This application does not assure final enrollment but provides information upon which a decision will be based. Assessment before acceptance will be done on all incoming students. The STUDENT NON-REFUNDABLE REGISTRATION FEE MUST ACCOMPANY THIS APPLICATION. Your registration fee must accompany this form to go on the class waiting list. If you are on the waiting list, and we have no room, we will refund the fee. A copy of the birth certificate and immunization record must accompany this application form if you are a new student.

OFFICE USE ONLY: Date received \_\_\_\_\_ Grade \_\_\_\_\_

\_\_\_\_\_ Application  
\_\_\_\_\_ Authorization for Emergency Medical Treatment  
\_\_\_\_\_ Passport  
\_\_\_\_\_ Parental Agreement Form  
\_\_\_\_\_ Health Insurance Affidavit or Policy  
\_\_\_\_\_ Means of Support  
\_\_\_\_\_ Immunizations

Non-Discrimination Policy: Shiloh Christian School admits students of any race, color, national, or ethnic origin to all rights, privileges, programs and activities made available to students at the school. It does not discriminate on the basis of race, color, national or ethnic origin in administration of its educational policies, admissions policies, athletics, or any other school-administered programs.

Student: \_\_\_\_\_  
(Last Name) (First Name) (Middle Name)

Application for grade: \_\_\_\_\_ Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Parent Email: \_\_\_\_\_

Address: \_\_\_\_\_

Family's Church: \_\_\_\_\_ Pastor: \_\_\_\_\_

Resides with (check one)  Mother/Father  Mother only  Father only  
 Father/Step Mother  Mother/Step Father  Guardian

Mother's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Employer's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Employer's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact's Name \_\_\_\_\_ Phone: \_\_\_\_\_  
(other than parents)

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Affirmation: I hereby affirm that all the above information contained in this application is true and accurate to the best of my knowledge. I understand that providing any false information would be sufficient reason for the rejection of this application.

\_\_\_\_\_  
Father or Guardian

\_\_\_\_\_  
Mother or Guardian

## SHILOH CHRISTIAN SCHOOL ADMISSIONS APPLICATION, PAGE 2

### STUDENT INFORMATION:

1. Does your child have any special learning needs (ADD, ADHD, dyslexia, etc.) that would require regular or special attention in a traditional classroom setting? \_\_  
If yes, please explain:
2. Has your child ever been tested, referred for testing, or placed in a special program? \_\_  
If yes, please explain.
3. Has your child ever seen a counselor/doctor/psychiatrist for any type of social, behavioral, emotional or mental disorder? \_\_\_\_. If yes, please explain.
4. Has your child ever been suspended or expelled by a previous school? \_\_\_\_\_. If yes, what school and explanation of the incident.
5. Has your child ever repeated a grade for any reason? \_\_\_\_\_. If yes, which grade and explain the reason for repeating.
6. Does your child have any physical disabilities (heart, hearing difficulties, speech impediments, asthma, etc.) or had any serious illnesses, diseases, injuries or hospitalizations? \_\_\_\_\_. If yes, please explain.